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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

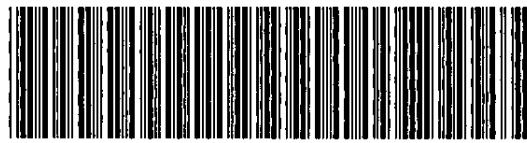
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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TALLAHASSEE, FLORIDA

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T CLINE

Office Use Only

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nickel Hunt Club, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Klay J. Kaminski

Name of Person

Firm/Company

2291 Brookshire Circle

Address

West Melbourne, FL 32904

City/State and Zip Code

klayski@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Klay J. Kaminski

Name of Person

321 288-4966

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nickel Hunt Club, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Nickel Hunt Club, LLC.

2291 Brookshire Circle

West Melbourne, FL 32904

Mailing Address:

Nickel Hunt Club, LLC.

2291 Brookshire Circle

West Melbourne, FL 32904

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Klay J. Kaminski

Name

2291 Brookshire Circle

Florida street address (P.O. Box NOT acceptable)

West Melbourne, FL 32904

FL
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Klay J. Kaminski

2291 Brookshire Circle

West Melbourne, FL 32904

MGRM

Karl J. Kaminski

5375 Balsam Ave.

West Melbourne, FL 32904

MGRM

Karl T. Kaminski

302 East Melbourne Ave.

Melbourne, FL 32901

MGRM

Robert Morton

5101 West Eau Gallie Blvd.

Melbourne, FL 32934

(Use attachment if necessary) - *see attached for additional MGRMs*

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Klay J. Kaminski

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Brad Baudek

6414 Wilcox Ct.

Alexandria, VA 22310

MGRM

Joseph O Nichols

P.O. Box 1581

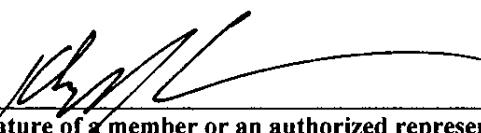
Morristown, TN 37816

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

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Klay J. Kaminski

Typed or printed name of signee

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**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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